



OPENING DOORS

Kentucky's comprehensive cancer center for
Research • Patient Care • Cancer Control • Community Outreach



UNIVERSITY OF KENTUCKY

Published by the University of Kentucky Lucille Parker Markey Cancer Center, 800 Rose Street, Lexington, Kentucky 40536-0093, phone 606/257-4500, in conjunction with the UK Chandler Medical Center Office of Public Affairs.

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Design and production
Hammond Design Associates, Inc., Lexington, Kentucky

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Dear Kentuckians,

Opening the doors of the Dorothy Enslow Combs Cancer Research Facility has been the most recent and encouraging sign that the Lucille Parker Markey Cancer Center is on its way to becoming the comprehensive Center of Excellence so long needed, planned and developed by and for Kentuckians. We are pleased and proud of this accomplishment and are grateful to our many supporters throughout the Commonwealth.

The Combs Cancer Research Facility provides specialized shared research facilities and individual research laboratories which have enhanced our ability both to recruit outstanding young scientists and to retain the services and expand the research capabilities of our nationally recognized senior faculty members. In addition, it has created opportunities for new research programs in which clinical oncologists and laboratory investigators can focus their joint efforts on some specific cancer problems.

These developments have fostered multidisciplinary research aimed at reducing the mortality of cancers of the uterine cervix and breast — problems of particular importance to women in Appalachian Kentucky. These efforts combine laboratory and clinical approaches with the Center's Community Outreach and Cancer Control Programs. Combined studies of this nature, conducted in conjunction with the State Department for Health Services, are in progress. A broad range of other activities conducted together with the James Graham Brown Cancer Center of the University of Louisville provides the basis for the unique and expanding, jointly operated statewide cancer control program known as the Kentucky Cancer Program.

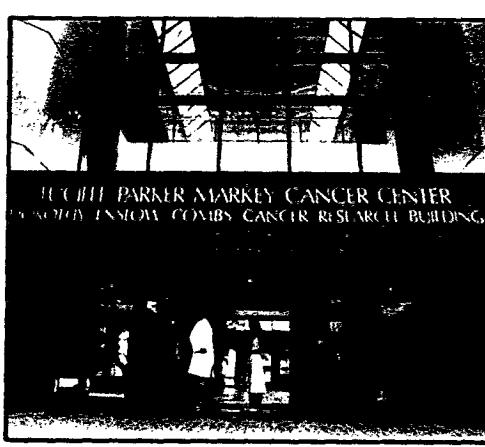
We look forward with eager anticipation to expansion of our inpatient service as well. We will open the doors of the third floor of the Ben F. Roach Clinical Care Facility toward the end of 1990. This will broaden our capability to provide the latest and the best clinical cancer care by adding a 12-bed bone marrow transplant unit and rooms for 16 other oncology patients to the 28 private rooms on the second floor.

Finally, it has become clear that in order to take maximum advantage of our growth, we will need additional programmatic support from the broad Kentucky community served by the Center. A strong base of support has already begun to materialize with the generous response of the *Friends of the Markey Cancer Center* to our Annual Giving Campaign, and we are most grateful. Based on past experience, I am sure this support will continue, and the Markey Cancer Center will in turn continue opening doors to excellence in cancer patient care, research and education for the citizens of Kentucky.

Sincerely,

Gilbert H. Friedell, MD

Gilbert H. Friedell
Director



A BUILDING THAT BRINGS OUT THE BEST

RESEARCH

As soon as the doors of the Dorothy Combs Cancer Research Facility opened in early 1988, the building came to life. Researchers began setting up their labs and offices. Soon the lights were burning day and night.

The scientists who work here are the first to praise the Combs Cancer Research Facility. According to James W. Freeman, Ph.D., director of the hybridoma laboratory, this is the kind of modern, well-equipped and well-lit building that appeals to investigators. John R. Glenney, Ph.D., likes the efficient use of space and pleasant environment of the new building. He is director of a laboratory in which scientists are studying a family of proteins and how they cause a normal cell to become transformed.

"Environment affects people's attitudes and emotions. A good environment obviously promotes better productivity and creativity," says Freeman.

He feels that the building's openness encourages people to talk together.

Glenney finds this kind of exchange a definite plus. "In a big institute, you're always competing with the lab next door. You have to protect your research so no one else tries to take it from you. Here, I can keep a clear mind and not worry about that. At UK, we have an open exchange of ideas between researchers," he said.

This is exactly what the Combs Cancer Research Facility planning committee had in mind.

"We were interested in creating opportunities for small groups to sit together



(Above) Balcony meeting areas provide researchers with space for ideas to expand. (Right) Dr. James Freeman in the hybridoma facility.



The scientists' satisfaction can be credited largely to the rather unusual way the building was planned and designed. Right from the start, University scientists and administrators were part of the planning committee along with representatives from Omni Architects, The Architects Collaborative (TAC), and William M.C. Lam and Associates; engineering firms Le Messurier Consultants, Dubin-Bloom Associates, and Staggs and Fisher Engineers; and the Ephraim McDowell Cancer Research Foundation which raised the funds for this and other buildings of the Markey Cancer Center. This unique mix of expertise and points of view resulted in a building where aesthetics and function work together, and where human beings feel comfortable and free to interact.

and discuss their research. So we included many meeting and lounge areas with chalk boards and comfortable seats," said Mary Sue Coleman, Ph.D., associate director for research at the Markey Cancer Center and a member of the planning committee. "The hope is that new approaches to experimental problems will develop when biochemists, microbiologists and virologists interact with each other and with clinicians."

In addition to the 18 laboratory groups housed in the Combs Cancer Research Facility, the building contains five core facilities which are available to cancer researchers throughout UK on a shared basis. These core laboratories make it possible for researchers to have access to certain expensive pieces of equip-

ment such as electron microscopes, or specialized and intensive services and expertise such as are provided by the hybridoma facility for the production of monoclonal antibodies or the animal care facility. This high-tech equipment and expertise are essential to the sophisticated research being done at UK, but are beyond the means of individual researchers to purchase or provide.

The Hybridoma Facility

One core laboratory that provides an important service to researchers and clinicians is the hybridoma facility for the development of monoclonal antibodies. Hybridoma cells, grown in culture in this laboratory, produce unlimited amounts of identical antibodies which can then be used to detect and destroy cancer cells. This relatively new technology, first developed in 1975, has become an invaluable tool in cancer research and treatment.

James W. Freeman, Ph.D., director of the hybridoma facility, believes one of the most important uses of monoclonal antibodies is in the study of why normal

cells change to cancer cells. A major difference between normal cells and cancer cells is that normal cells grow at a rate regulated by the body, whereas cancer cells grow at an uncontrolled rate.

"Certain monoclonal antibodies have been produced that identify proteins present only in cells growing without regulation. These proteins may be involved in changing normal cells to cancerous cells," explains Freeman.

He is currently looking at differences between proteins of cancer cells and of normal growing cells. To do this, he developed a series of monoclonal antibodies which identify certain antigens present only in rapidly growing cells and only at specific times during the cell cycle.

Some of this work looks promising for breast cancer detection and treatment.

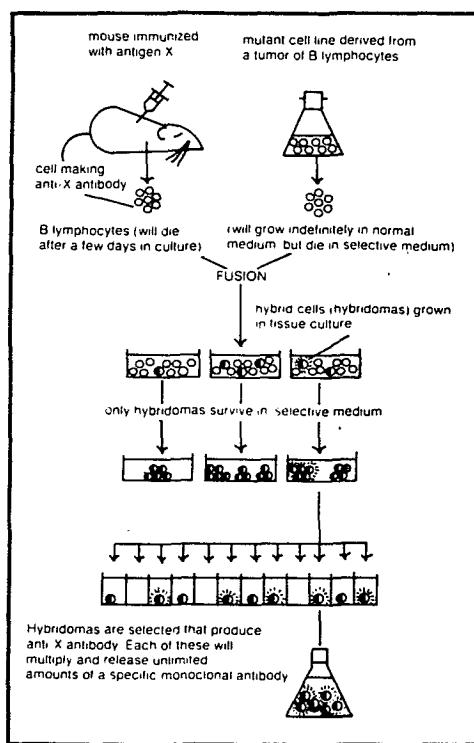
One of the monoclonal antibodies Freeman developed can recognize a protein found only in highly aggressive breast tumors. "It is possible this protein may serve as a marker to identify the more aggressive breast cancers. This kind of information would help a physician tailor therapy to get the best response," Freeman predicted.

Freeman is also collaborating with Michael L. Cibull, M.D., Department of Pathology, and Patrick C. McGrath, M.D., and Daniel E. Kenady, M.D., Department of Surgery, to produce human monoclonal antibodies that will help diagnose and treat breast cancer.

"During surgery, we remove tumor antibody producing cells from a breast cancer patient and use them to create hybridoma cells which will produce monoclonal antibodies," said Freeman. The investigators want to see if these antibodies react with that patient's tumor and other breast tumors as well.

"Hopefully, we will find some of these monoclonal antibodies useful in diagnosis by detecting a target cancer protein in a patient's blood, or directly in therapy to destroy breast cancer cells," Freeman said.

Freeman was recruited by the Markey Cancer Center from Baylor College of Medicine in Houston, Texas. He is also a research assistant professor in the Department of Medical Microbiology and Immunology, UK College of Medicine.



The process of creating hybridoma cells to produce monoclonal antibodies.

Antibody:

A protein naturally produced by the body which helps recognize and defend the body against foreign substances such as bacteria, viruses, or even cancer cells.

Antigen:

Any substance - such as a virus, bacterium, fungus, or parasite - capable of triggering an immune response in the body.

Hybridoma Cell:

A hybrid cell, produced by combining an antibody producing cell to a cancer cell, which is capable of living indefinitely in culture and secreting unlimited amounts of identical antibodies called monoclonal antibodies.

Monoclonal Antibodies:

Identical antibodies, produced by a hybridoma cell, which will bind only to a specific target molecule or antigen. They can be used to identify and/or destroy cancer cells.

You Can't Beat Teamwork: PATIENTS AND DOCTORS WORK TOGETHER FOR BETTER CANCER TREATMENTS

PATIENT CARE

A good outlook makes a big difference

James Ireland never felt sick. He never felt tired or weak or had any pain. A year ago, James Ireland was diagnosed with colon cancer. Today, he's on the golf course.

"I couldn't believe it," Ireland says. "I hadn't felt bad, hadn't lost any weight, and slept good. There was nothing to indicate this was happening."

Ireland had been bothered by borderline high blood pressure, so after his retirement several years ago, he entered the University of Kentucky Systolic Hypertension in Elderly Program (SHEP). The program includes regular physical examinations and during one such exam, a blood test indicated a problem with Ireland's blood cells. He was sent to a specialist and after several more tests, the cancer was found.

"They said it had to come out. But I was fortunate because they had found it at such an early stage," Ireland says. "They got it all."

The malignant tumor was removed along with 14 inches of Ireland's lower intestine. Because it had been found so early, the cancer hadn't had a chance to spread to other vital organs. But his surgeon, his daughter who also is a surgeon, and others recommended he still take chemotherapy. Ireland entered a clinical trial program at the UK Markey Cancer Center.

A clinical trial is a way to test different forms of treatment to find out which combination of drugs or therapies works best for a particular kind of cancer. Ireland entered a National Surgical Adjuvant Breast and Bowel Project study designed to compare the best known treatment for colon cancer with a newer protocol that might turn out to be even better.

According to John S. Macdonald, M.D., Ireland's physician and the associate director for clinical activities at the Markey Cancer Center, patients who enter a clinical trial actually get better treatment because they are followed so

closely and because the Center must follow certain protocols in caring for their patients.

"Most people say they don't want to be 'guinea pigs,'" Macdonald says. "But a patient enrolled in a study receives either the best treatment available or what might be better. They receive better follow-up care because of what is mandated by the trial."

Ireland agrees. "I'm monitored very closely," he says. "They are very careful with my blood work and take good care of me. Dr. Macdonald is very accommodating."



Dr. John Macdonald (left) and James Ireland (right) during a treatment session.

The clinical trial includes five days of drug treatments and 30 days off. Ireland comes into the Markey Cancer Center for the five treatments but goes home each day. He only feels ill, or as he puts it, "yucky," the first day. His hair loss was minimal and he has continued to do whatever he wants.

"They never changed my diet or anything. I guess they figure, if it ain't broke don't fix it," he says. "I may take a little longer to do things, but I haven't changed my activities at all. I still play golf; I still work my roses; I still work my garden."

While Ireland considers the actual surgery to have been a minor inconvenience, his time at the Markey Center is more a chance to visit with friends.

"It's amazing how the Cancer Center is almost like a home. It's a very pleasant situation, and I think it's just wonderful that they handle it that way. I can't recommend them too much."



Oncology nurse Jane Arnold prepares Ireland's chemotherapy.

Colon cancer is very common in Kentucky and one of the leading causes of death across the country in the 60- to 70-year-old age group. Ireland's cancer is typical, but the fact it was found so early, increases the chances of his survival past five years to 95 percent.

Macdonald also feels Ireland's positive outlook has made a big difference in his rapid recovery. Calling him a pleasure to work with, Macdonald sees Ireland's future as better than most.

One year later, Ireland is out playing golf two or three times a week and getting ready to go on a tour of France.

"I never thought about cancer. No one in my family had it. But time is very crucial because it's a gradual growth and by the time you can feel it, it might be in a place where they can't handle it. I absolutely think that is the crux of the whole matter, that they found it so early and it hadn't spread," Ireland says.

"I would definitely tell anyone who was having problems to go to the Markey Cancer Center," he adds. "They are very knowledgeable, very nice, very accommodating, very interested. I just can't say enough good things about them over there. And again, I can't stress too much the importance of finding these things early. I'm convinced of that."

Macdonald agrees. "You have to take advantage of what's available. A simple screening test at a yearly exam is all it takes."

"There is no best treatment. We're always looking for something better."

Dr. John Macdonald

John Ireland finds Dr. John S. Macdonald "very accommodating, very nice." Most people do. Macdonald's congenial personality coupled with his high expectations of himself and others, bring out the best in patients and associates alike.

During the late 1960s, exciting developments in cancer medicine began attracting many of the brightest students in the nation's medical schools. Macdonald was working towards his M.D. degree at Harvard at the time and credits his choice of oncology as a specialty to these developments.

"There was an exhilaration in seeing patients with advanced cancer get well because of the new anticancer drugs that were becoming available," he says.

Twenty years later, Macdonald, now associate director for clinical activities of the Markey Cancer Center at the University of Kentucky, views with satisfaction the progress being made in the treatment of certain types of cancer.

"In the 1950s, nearly everyone who had acute leukemia died within six months following diagnosis," Macdonald says. "Now, as many as 75 percent of children with leukemia remain disease-free after five years. Progress also has been made in Hodgkin's Disease and breast cancer."



Patient-doctor communication is an essential part of the therapy.



Beth MacCracken (right), director of the Office of Protocol Clinical Research, discusses the treatment and possible side affects of a particular clinical trial with a patient who is trying to decide whether or not to participate in the study.

However, according to Macdonald, there is no "best" treatment for all cancers, and this challenge gives him the same enthusiasm he had as a medical student.

"We need to make good treatments better and to improve the care and quality of life for cancer patients," he says. "We do this through investigative studies comparing promising new approaches to standard treatments."

The Markey Cancer Center is involved in all types of clinical investigations. It is a member of several large cooperative groups in which researchers from cancer centers around the country pool information about specific cancer treatments. This allows the Center to offer patients here in Kentucky the benefits of this information and give them the opportunity to participate in trials of these treatments.

Macdonald is adamant about the responsibility of the physician to seek the latest information and to be able to offer each patient the most appropriate treatment. This belief has kept him in academic medicine—from Georgetown University Medical School in Washington, D.C., and the National Cancer Insti-

tute in Bethesda, Maryland, to here at the University of Kentucky where he is a professor of medicine and director of the college of Medicine Division of Hematology/Oncology.

"In the meantime, even when you can't cure a patient because medical science has not yet progressed to that point, there is still a lot you can do for the patient. There is great satisfaction in helping alleviate pain and suffering, helping the patient and family go through the difficult process of dying," Macdonald says.

His confidence in the ability of science to find cures for all types of cancer is not changed by skeptics who claim the still incurable cancers prove the folly of cancer research.

"Cancer is not a single, monolithic disease but probably represents 135 different diseases with different causes," he explained. "It's not rational to look for a magic bullet to cure cancer. The way progress has occurred, and will continue to occur, is by learning all we can about specific disease areas."

WORKING TO SOLVE A KENTUCKY CANCER PROBLEM

Cancer of the cervix is a type of cancer that ought to be easy to control. It can be found even in its earliest stages with a simple, widely available test, the Pap test. If the cancer is treated right away, before it spreads beyond the cervix and invades other organs, it is almost always curable. Why then are women in Eastern Kentucky dying from this disease at an alarming rate, twice the rate found in any other part of this country?

The Markey Cancer Center is working to find an answer to this urgent question.

Dorothy Green listened for footsteps outside the trailer door, then knocked more loudly. It had taken most of the morning to find the place, and now it was nearly noon.

She heard a few shuffled steps, then smelled the wonderful aroma of fried apples cooking as a small, white-haired woman opened the door.

"Excuse me for interrupting your dinner. My name is Dorothy Green and I'm with the University of Kentucky. We're doing a women's health study in this area. I'll just wait in the car till you're finished and then I'd like to ask you some questions."

"Oh, come on in," the woman said, opening the door wider. "I heard about you. You talked to my sister last week. I was wondering if you'd get to my house."

Green found herself seated in front of a steaming plate of food. Easing herself into an old stuffed chair, the woman lifted her swollen legs onto an upside-down bucket.

"You know, I don't get to go many places anymore. But I do like having company."

This was Green's last interview in Jackson County. An interviewer with the UK Survey Research Center, she was surveying a sample of women in Southeastern Kentucky to find out what the women here knew, believed and did about taking care of their bodies and health, and something about their personal life such as their social patterns, sexual behavior, ages at marriage and pregnancy.

This survey was part of a five-year study to find out why women in this part of the country were dying from cervical cancer at twice the rate of women in

other areas. The study has been co-directed by Kentucky's commissioner of health, Carlos Hernandez, M.D., M.P.H., and Gilbert H. Friedell, M.D., director of the Markey Cancer Center. Michael Moser, M.D., M.P.H., has been a major participant in the study and has recently taken over Dr. Hernandez's role in the project. The project is funded by the national Centers for Disease Control in Atlanta.

"We have to try and pinpoint the reasons for this greater mortality from cervix cancer before we can solve the problem," said Friedell. "This means looking at all aspects of the situation and asking a lot of questions. For instance, are the women in Eastern Kentucky different in any way from women in other parts of the United States? Do they go for Pap tests to find the disease less often than the women elsewhere? A good way to find this information is with a survey of the population. That was our first step in this study."

After asking the woman questions about whether or not she believed cancer could be prevented or cured, Green began probing for details on the kind of health care and cancer screening she had had during her life.

"As you may know, the cervix is the mouth or opening of the womb. Have you ever heard of the Pap test or Pap smear, which is the cancer test used to look for cancer of the cervix?"

The woman said she knew about it and was sure she had been tested when she was having her babies, but that was a long time ago.

"I've got enough trouble with my legs," she said. "Why would I want to look for more?"

"What we found out from this survey is that women here have had fewer Pap tests than women in other parts of the country, and that the women most at risk for the disease, those who are over 50 years of age, have Pap tests much less often than do younger women," said Friedell. (See chart on page 8).

Now that the question of screening has been answered, the Markey Cancer Center's Community Outreach and

CANCER CONTROL

What is a Pap test?
A Pap test is the best way to find cancer of the cervix. The cervix is the opening of the uterus. Cancer of the cervix can be cured if it is found early.

Who needs to have a Pap test?
Women over 18.

How often do you need a Pap test?
Generally every year. Ask your doctor or nurse when you need your next Pap test.

Where can you go to have a Pap test?

- Family doctor.
- Obstetrician or gynecologist.
- Local health department.
- Medical clinic.

How is a Pap test taken?
During the exam, your nurse or doctor will collect some cells from the cervix using a cotton swab. The cells will be sent to a lab. The results of your test will be returned to your doctor, health department, or clinic.

Other Questions?
Call 1-800-4-CANCER, the Kentucky Cancer Information Service.

Education Program is working to develop approaches to correct the situation, so-called "intervention strategies." It initiated a pilot project to train volunteers who would then contact other women in their communities and urge them to go for a Pap test. The project was a joint effort with Michael A. Andrykowski, Ph.D., and John F. Wilson, Ph.D., of the UK College of Medicine Department of Behavioral Science. It was conducted by Geri Hall, M.S.W., Gloria V. Sams, M.A., and Patsy M. Tyson, R.N., regional coordinators of the Cancer Center's Community Outreach Program.

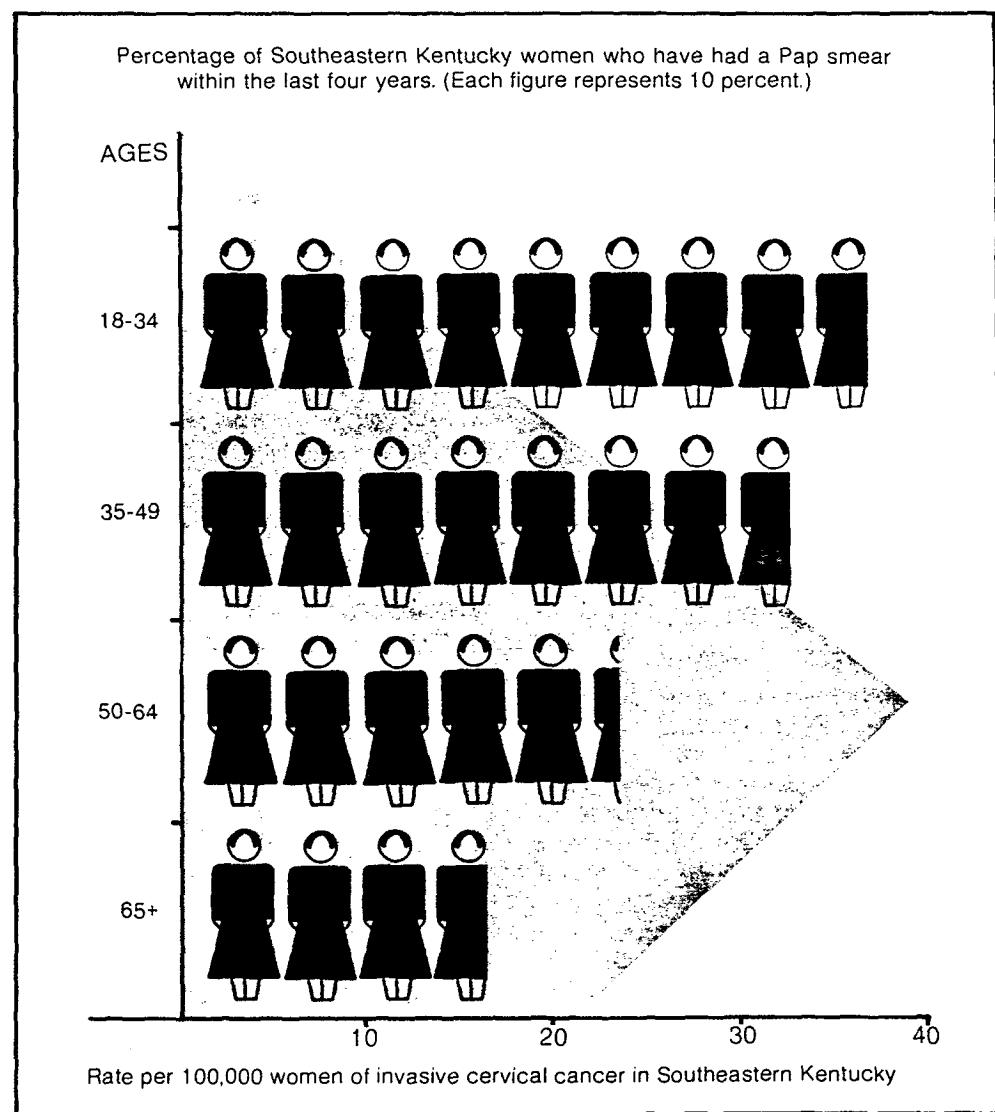
"We know that many people will listen to their friends and neighbors more often than to a stranger, so we are appealing to women in church groups and homemaker groups to help spread the word about finding cervical cancer

early when it can be cured," said Linda Linville, M.A., assistant director of the Markey Cancer Center's Community Outreach and Education Program. Personnel in county health departments are also looking at these and related issues, and all of those involved in these studies are looking at the matter of paying for the Pap test and how follow-up studies can be paid for if they are needed.

Linville, Friedell, and Tyson are also working with physicians and health care facilities in the Big Sandy and Kentucky River Area Development Districts to devise or improve systems to remind women when they need to come for another Pap test.

"Everyone we contacted was enthusiastic about the project and interested in participating," stated Linville.

Other facets of the study are looking for differences in the way Pap tests are processed and interpreted here, the way the disease is managed, the type of cervical cancer found in this area, and how the women here respond to treatment. A cervical cancer registry is being established by Thomas C. Tucker, M.P.H., associate director for Cancer Control Resources at the Markey Cancer Center, to determine the actual incidence, the number of cases per year, for cervical cancer in this area.



Woman to Woman: OPENING DOORS FOR BREAST CANCER PATIENTS

The first Thursday evening of each month is a special night in the Lexington area. For the past 15 years, it has been the meeting night for a group of women who share a common bond which isn't obvious at first glance. All types and ages are represented here. Besides the enjoyment of each other's company, what these women do have in common is that they all have survived breast cancer. Giving each other support has been the group's purpose since it formed in 1975.

The activities during any given Thursday Group meeting range from swapping success stories such as being able to swim again or having thicker hair now than before treatment, to sharing comfort and tears. But on a particular night in the Spring of 1986, the atmosphere sparkled with a greater sense of purpose. Something new was about to happen.



Joyce Schmidt (left) and Doris Rosenbaum (right) model in the 1986 Woman to Woman fashion show.

"Wouldn't it be great if we could get in touch with women all over the state who've had breast cancer and let them know there is a network of people who care and can help?" Thursday Group member Rosemary Graves knew she was dreaming out loud. But at the same

time she knew this was a good way to make something happen. The Thursday Group had started in much the same way for her.

Never one to let a good idea go unattended, Doris Rosenbaum, another member, returned the volley with a challenge of her own: "What if we organize a statewide seminar about breast cancer? Invite some physicians to speak, but leave time for women to meet each other and network," she said.

COMMUNITY OUTREACH



Rosemary Graves (right) greets 1989 keynote speaker Nancy Brinker (left).

Graves and Rosenbaum were eager to take the plan one step further. They proposed it to Dr. Gilbert Friedell, director of the Markey Cancer Center. They knew how supportive he was of these kinds of projects.

"Let's do it!" was Friedell's immediate response.

"We all know it is time for this disease to come out of the closet. There are women out there who are missing out on a lot of help because they are afraid or ashamed to let people know they have had breast cancer," he said. "If anyone can turn it around, it will be the women in the Thursday Group."

With the help of the Markey Cancer Center's Community Outreach Program and the American Cancer Society, the Thursday Group organized the first seminar, *After Breast Cancer, Woman to*

Woman. It was held in November 1986 and attracted over 100 women. The feelings ran high as keynote speaker, Lexington TV anchorwoman Barbara Bailey, reminisced about what it was like having a mother with breast cancer. Medical updates from physicians and a fashion show were other high points of the day, as were personal exchanges between the women.

Since that first event, the seminar has been held two more times, each time gathering momentum. The most recent *Woman to Woman*, held April 1989, featured an update on breast reconstruction by John Bostwick, M.D., a well-known plastic surgeon from the Emory University School of Medicine in Atlanta; a stirring keynote address by Nancy

Brinker, a breast cancer survivor and member of the National Cancer Advisory Board; and separate workshops on coping with breast cancer for single women, married women, and men. Billed as A Seminar for Women Who Have Had Breast Cancer, For Women at Risk to Develop Breast Cancer, and All Those Who Care, the 1989 *Woman to Woman* attracted a wider audience than the previous seminars. It drew more than 300 participants from all parts of the state.

"We've outgrown nearly every hotel in town. Maybe next year we'll have to hire Rupp Arena," said Graves. "Our group keeps growing larger, but we haven't lost that special warmth or intimacy. It still feels like family."



Exchanging smiles, *Woman to Woman* style.

Thursday Group members will travel to other communities to speak with breast cancer survivors and help organize support groups. To contact the Thursday Group about this or about the 1990 *Woman to Woman* seminar, call the Kentucky Cancer Information Service, 1-800-4-CANCER, or 257-4447 in the Lexington area.

HELP KEEP THE DOORS OPEN!

During the past several years the Markey Cancer Center has been the beneficiary of many large and small financial contributions from people and organizations within and beyond the boundaries of Kentucky. We have always acknowledged these gifts and expressed to the donors our deep appreciation. I would like to take this opportunity to thank again those of you who have supported us. This publication shows some of our achievements — some of the doors to better patient care, research, and education which your support has helped to open.

But the doors must be kept open, and even opened wider, if we are to reduce cancer morbidity and mortality in Kentucky. Therefore, we ask for your continued support of the comprehensive cancer programs of the Markey Cancer Center. We would be pleased to discuss with organizations or individuals specific areas which would benefit from contributions, or particular areas of research, education, or patient care to which you would like to contribute.

9/17

Gilbert H. Friedell, M.D.

Rendezvous '88 Was Great

In October 1988, Linda Waldroop and Fred Peters presented the Markey Cancer Center with a \$12,000 check from the Rendezvous '88 organization, a group which annually raises funds for cancer research. Ms. Waldroop founded Rendezvous in 1984 in Knoxville, Tennessee, as a tribute to her best friend who was dying of cancer. Her intention was to create an event (Rendezvous '84) that would offer single people the opportunity to socialize, share a common purpose, and raise money for cancer research.

When she moved to Lexington in 1985, Waldroop successfully transplanted her idea, and the now annual summer bash has continued to gain momentum. Rendezvous '89 was held at the Kentucky Horsepark on August 19.

The Rendezvous organization is sustained by a core of approximately 40 active members, mostly professional and business people. Originally developed for and by "singles," the group now boasts enthusiastic couples as well. Anyone interested in more information about the organization may contact the Markey Cancer Center, 606/257-4500.



Peggy Lacy (left) and Carol Ann Snyder (right)
at Rendezvous '88.

Friends of the Markey Cancer Center

"The response to our first fund raising drive has been most gratifying," reports Markey Cancer Center director Gilbert Friedell, M.D. on the annual giving campaign launched in July 1988. Approximately (500) charter members helped found the *Friends for the Markey Cancer Center* program in 1988.

"This annual campaign is an expansion of our efforts to build a strong base

of support within the community for our education, research and patient care programs," said Friedell. He noted that funds from the annual drive will not be used for capital projects; rather, they will be designated as research program development funds.

A specially designed membership pin identifies Friends who contribute \$100 or more to this program. For more information about *Friends of the Markey Cancer Center*, contact Karen Christian at 606/257-4500.

1988 Donors and Charter Members of *Friends of the Markey Cancer Center*

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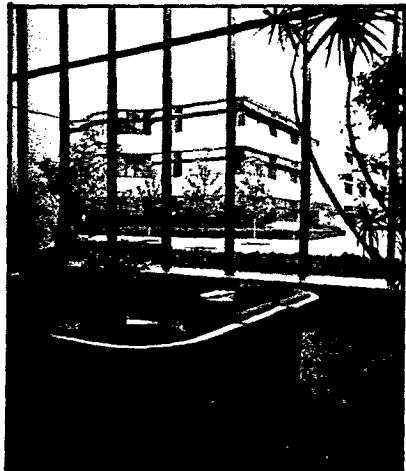
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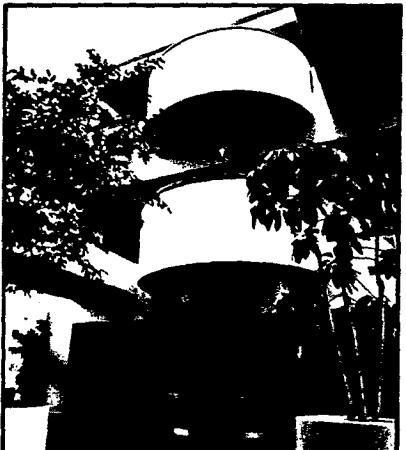
LUCILLE P. MARKEY CANCER CENTER

The following are some facts about the Markey Cancer Center buildings, facilities, and programs.



Ben F. Roach Clinical Care Facility

- 28 private inpatient rooms
- ambulatory care activities for screening, consultation, chemotherapy and follow-up care
- headquarters for the Kentucky Cancer Information Service and 1-800-4-CANCER phone line (operated for the Kentucky Cancer Program†)
- headquarters for the statewide Cancer Patient Data Management System and Central Cancer Registry (operated for the Kentucky Cancer Program)
- coordinating center for community cancer activities in Central and Eastern Kentucky for the Kentucky Cancer Program
- faculty offices and laboratories for the UK College of Medicine Division of Hematology/Oncology and Department of Pathology
- specialized cancer research laboratories
- Office of Protocol Clinical Research, responsible for coordinating clinical studies of the most advanced cancer treatments
- specialized radiotherapy suite
- McDowell Cancer Research Foundation offices
- an additional 28 private rooms for inpatient care, including a bone marrow transplantation unit, which are expected to open toward the end of 1990.



Dorothy Enslow Combs Cancer Research Facility

- laboratories and office space for 18 research groups
- 5 shared core facilities:
 - hybridoma production
 - macromolecular structure
 - electron microscopy
 - nuclear magnetic resonance spectroscopy and molecular modeling
 - specialized animal care facilities

Magnetic Resonance Imaging and Spectroscopy Center (MRISC)

- The MRISC, to be completed in 1991, is designed to house equipment and support facilities for non-invasive imaging of the body. The Center will serve as a focus for research programs aimed toward improving diagnostic capabilities and understanding basic physiologic processes.

† The Kentucky Cancer Program is a joint statewide cancer control effort of the Markey Cancer Center University of Kentucky, and the Brown Cancer Center, University of Louisville





UNIVERSITY OF KENTUCKY
Markey Cancer Center
Office of the Director
800 Rose Street
Lexington, KY 40536

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